

FINGERPRINT CARD INSTRUCTIONS FOR OCCUPATIONAL THERAPY APPLICATIONS

It is your responsibility to have your Fingerprint Card (FBI FD-258) completed by an authorized finger printer. Your local police or sheriff department generally has an authorized finger printer. They may charge you an additional fee for completing the card and taking your fingerprints. We recommend that you take these instructions with you to the finger printer. You may also have your fingerprints taken at the Board Office by appointment.

Instructions for Applicants

Please fill out blocks 1 –15 as shown on the sample card on the next page, using the Block Number Instructions listed below. All information must be typed or printed in **BLACK** ink. If your fingerprint card lacks any item, it cannot be processed. Check with the Fingerprint Technician if you have any questions. The technician will then take your fingerprints. Submit your completed card to the Board with your application and a **\$24 fingerprint card-processing fee (not included in your licensing fee)**. **Do NOT fold or staple the fingerprint card.**

Block Number Instruction: (keep all writing within each block)

1. Applicant's signature: Sign your name.
2. Residence of person fingerprinted: Enter your home address. (**NO** P.O. Boxes)
3. Date: Enter the date of your fingerprints.
4. Name: Type or print last name, then first name and middle name.

(No nicknames)

5. Aliases: Enter maiden name, nickname or other names you have been known by.
6. Date of Birth: Enter your birth date.
7. Citizenship: Enter US, Canada, Mexico or name of other country.
8. Sex: Enter your gender.

M for Male

F for Female

9. Race: Enter the code for your nationality.
I for American Indian/ Alaskan Native
A for Asian/ Pacific Islander
B for Black
W for White and Hispanic

10. Height: Enter feet and inches measurements (5'11") not 71 inches.
11. Weight: Enter whole numbers only, using U.S. pounds (examples 105, 110, etc.)
12. Eye Color: Enter the code for your eye color.

BLK for black

BLU for blue

BRO for brown

GRN for green

GRY for gray

HZL for hazel

XXX for unknown

13. Hair Color: Enter the code for your hair color.

BLD for bald
BLK for black
BLN for blonde
BRO for brown
GRY for gray
RED for red/auburn
WHT for white

14. Place of Birth: Enter only the State or Country, using abbreviations (AZ for Arizona, etc.)

15. Social Security Number: Enter your social security number.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR		4			
1		5		AZDPS2000		DPS-AFIS OPERTNS		DATE OF BIRTH <u>DOB</u>	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>8</u>		RACE <u>9</u>		Month Day Year	
2		7		HGT <u>10</u>		WGT <u>11</u>		6	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		EYES <u>12</u>		HAIR <u>13</u>		PLACE OF BIRTH <u>POB</u>	
3		YOUR NO. <u>OCA</u>		14				14	
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		15	
AZ Board of O.T. Examiners 4205 N. 7th Avenue, Ste. 305 Phoenix, AZ 85013		MISCELLANEOUS NO. <u>MNU</u>		CLASS		REF.			
REASON FINGERPRINTED		LICENSING PER ARS 32-3430							

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	